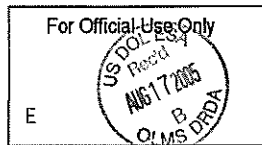


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11518</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>PHILIP</u> <u>D.</u> <u>WELLS</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>5205 SO 2ND AVE</u> City <u>EVERETT</u> State <u>WA</u> ZIP Code + 4 <u>98203-4114</u>	4. Name, file number, and address of labor organization. Name <u>UNITED ASSOCIATION OF PLUMBERS & PIPEFITTER</u> <u>LOCAL 26</u> Labor Organization File Number <u>542-367</u> P.O. Box, Building and Room Number, if any <input type="text"/> Street <u>5205 SO 2ND AVE</u> City <u>EVERETT</u> State <u>WA</u> ZIP Code + 4 <u>98203-4114</u>
5. Position in labor organization. <u>BUSINESS MANAGER/FINANCIAL SECRETARY</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; padding: 5px;">TO THE BEST OF MY KNOWLEDGE, I DID NOT HAVE ANY TRANSACTIONS WITH ANY EMPLOYER IN WHICH I RECEIVED EITHER INCOME, ECONOMIC BENEFIT, OR MONETARY VALUE.</div> 7.b. Amount. <div style="border: 1px solid black; padding: 5px; text-align: center;">0</div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Philip D Wells</u>	On <u>8/12/05</u> <u>(360) 486-9300</u> Date Telephone Number

Name of Person Filing	PHILIP D. WELLS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="WASHINGTON CAPITAL MANAGEMENT INC"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1301 FIFTH AVE, SUITE 1500"/></p> <p>City <input type="text" value="SEATTLE,"/></p> <p>State <input type="text" value="WA"/> ZIP Code + 4 <input type="text" value="98101-2632"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="WESTERN WASHINGTON UA SUPPLEMENTAL PENSION PLAN"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="201 QUEEN ANNE AVE N, SUITE 100"/></p> <p>City <input type="text" value="SEATTLE"/></p> <p>State <input type="text" value="WA"/> ZIP Code + 4 <input type="text" value="98109-4896"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text" value="INVESTMENT MANAGER PAID FOR ROUND OF GOLF. THAT WAS PLAYED AFTER MEETING."/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$49.50"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text" value="NA"/></div> <p>12.b. Amount. <input type="text" value="0"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div><input type="text"/></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text" value="0"/></p>